

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S12320**

1. Entity Name  
**LEGENDARY REALTY, INC.**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90084 004 \*\*\*150.00

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**385 HWY 98 EAST, STE 60  
DESTIN FL 32541**

**385 HWY 98 EAST, STE 60  
DESTIN FL 32541**

2. Principal Place of Business

**300 Regatta Bay Blvd.**

3. Mailing Address

**4460 Legendary Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste. 400**

City & State

**Destin, FL 32541**

City & State

**Destin, FL**

4. FEI Number **59-3045410**

Applied For

Not Applicable

Zip  
**32541**

Country  
**USA**

Zip  
**32541**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**MITCHELL W LEGLER  
300A WHARFSIDE WAY  
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOS, PETER H 385 HWY 98 E, STE 60 DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEGLER, MITCHELL W 385 HWY 98 E, STE 60 DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, WENDY L. 385 HWY 98 E, STE 60 DESTIN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LORENZEN, DWIGHT 385 HWY 98 STE 60 DESTIN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUSFIELD, DAVID A 385 HWY 98 E, STE 60 DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOS, PETER H 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHEWS, E. L. 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, WENDY 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LORENZEN, DWIGHT 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUSFIELD, DAVID A 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. Bos

4/25/01

Date

850-337-8000

Daytime Phone #

CR2E034 (10/00)